



Statewide Services
Long Term Services & Supports –
Acquired Brain Injury Program

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Acquired Brain Injury Program

- **ELIGIBILITY CRITERIA FOR ABI SERVICES**

- Currently receiving mental health services through DMHAS or DMHAS-funded agency
- Has a qualifying Acquired Brain Injury (ABI) as determined through testing and documentation
- Is 18 years of age or older
- CT resident
- Voluntarily accepts services offered
- The dysfunction of the central nervous system is not congenital, developmental, or degenerative

Acquired Brain Injury Program

PROGRAM SERVICES

- Consultation Services
- ABI Substance Use Services
- Community Residences
- Community Living Support Services
- Training and Education
- Advocacy Supports
- Liaison with DSS – (DSS operationalizes the ABI Waiver)
- Reserve Capacity slots on DSS ABI Waiver (8 annually)
- Occupational Therapy Consults

Community Integration Specialist (CIS)

Certified as Brain Injury Specialists

- CIS duties include:
 - Acting as the primary point of contact regarding qualification for services
 - Processing all referrals to the ABI Community Services Program within their region
 - Serving as a link to inpatient services for clients
 - Arranging for clinical consultations
 - Coordinating with community services and serving as liaison with partner agencies
 - Providing assistance with applying to ABI Medicaid Waiver
 - Providing education and training to individuals, families, providers, and community at large

CIS Referrals

- FY 2024–2025: Program census 338, Referrals: 229
- FY 2023–2024: Program census 356, Referrals: 240
- Average CIS caseload currently: 36 per clinician
 - Reasons for Discharge:
 - If stable for one year and connected with services
 - Move out of state
 - Request to end involvement in program

How to Make a Referral

Referrals are made by completing a referral form (found on the DMHAS website). Acquired Brain Injury Program

Referral can be faxed to 860-262-5852
or mailed to ABI Services, CVH, Beers Hall 3rd Fl., PO Box 351/Silver St.
Middletown, CT 06457

ABI and Substance Use Disorder

How does ABI/TBI impact SUD

- Impaired impulse control limits “stop and think” ability before substance use.
- Emotional dysregulation leads to unpredictable responses increasing vulnerability to use.
- Ongoing substance use worsens cognitive and emotional instability.
 - Memory deficits reduce ability to retain insight, recognize triggers, and apply coping strategies.
- Executive functioning challenges impair decision-making and linking of actions to consequences in turn increasing relapse risk.

ABI and Substance Use Disorder

Barriers to Traditional SUD Treatment

- Memory deficits often result in missed sessions, leading to administrative discharge.
- Cognitive overload can reduce attention, processing, and ability to keep pace in traditional sessions -> repetition, slower pace.
- Decreased initiation and motivation may limit engagement and participation in treatment.
- Impulsivity can lead to behaviors perceived as inappropriate or disruptive.
- Social cognition deficits may impact understanding of social cues and interactions.
- Slower processing can hinder understanding and application of concepts. This is often mistaken for lack of recovery motivation.
- Size and structure of group interventions-> group setting can feel overstimulating.
- Individualized interventions are critical -> every brain injury is different.
- Option of peer run group for all CIS participants.

ABI Substance Use Disorder Program

ABI Substance Use Services – Rushford

- Established in 2010 to address the need for SUD treatment programming for individuals with acquired brain injuries.
- Referrals are made by the DMHAS CIS.
- Provides evidence-based SUD treatment adapted for cognitive and functional needs including relapse prevention, psychoeducation, and supportive counseling.
- Incorporates Recovery Support Services (RSS) to enhance quality of life through meaningful activities, peer support, and healthy relationships.
- Services are delivered statewide through individual and group sessions via telehealth, Rushford sites, home visits, and community settings.
 - Examples of groups offered: **Pre-Contemplative Group** (virtual, weekly)– focus is on psychoeducation, Motivational Interviewing interventions, relapse prevention strategies; **Peer Support Group** (virtual, biweekly)– step-down option offered to individuals who have engaged in recovery, facilitated by RSS, focus is on building relationships and enhancing coping skills; **Relapse Prevention Group** (CVH ABI unit, co-led with Clinician on unit, biweekly).

ABI SUD Program Data

- **FY 2025–2026:** 14 admissions, 4 discharges
Currently serving 60 individuals
- **FY 2024–2025:** 7 referrals, 3 admissions, 10 discharges

Historical Performance Trends

- **FY 2023:** 33 served, **FY 2024:** 28 served
- Average length of stay: varies, based on stage of change and engagement
- Caseload distribution:
 - Devon Briem, Clinical Supervisor: 25 clients
 - Desteny Vizcarrondo, Clinician: 20 clients
 - Spencer Healey, RSS: 13 clients
- Current caseloads reflects high demand and full capacity

Questions?

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